

EXHIBIT H

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF DEMETRIUS BROWN		COURT CASE NUMBER 1:04-cv-379	
DEFENDANT MEDICAL DIRECTOR, DR. NEWTON E. KENDIG		TYPE OF PROCESS SUMMONS	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN MEDICAL DIRECTOR, DR. NEWTON E. KENDIG		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Office of General Counsel and Review, Health Services Division, Federal Law Enforcement Training Center, Glynco, GA. 31524		
	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
Demetrius Brown Reg. No. 21534-039 FCI RayBrook P.O. Box 9001 RayBrook, NY. 12977		Number of process to be served with this Form 285	1
		Number of parties to be served in this case	9
		Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

The Defendant is hereby summoned and required to serve upon Plaintiff, Demetrius^{field} Brown, whose address is stated above, an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. The nature of this action is a Tort Claim for personal injuries suffered due to ETS in which relief is for ten million dollars; filed with Clerk for W.D.PA.

Signature of Attorney or Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

Demetrius Brown

8/30/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____ ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Fc

REMARKS:

This defendant is not listed on the docket sheet. If you wish to add him as a defendant you will have to petition the Court.

Thank You
ES

PRIOR EDITIONS MAY BE USED

- 5 COPIES:
1. CLERK OF THE CO
 2. USMS RECORD
 3. NOTICE OF SERVICE
 4. BILLING STATEMENT if any amount is owed
 5. ACKNOWLEDGMENT

Form USM-285
Rev. 12/15/80
Automated 01/00